

Kansas Department of Labor

Division of Workers Compensation

- **NOTICE** – Workers must give notice of accidental injury to their employer within 10 days after date of accident (75 days with just cause). **The notice must be in writing for an accident that is the result of a series of events, repetitive use, cumulative traumas or microtraumas.** Written notice of an occupational disease is required within 90 days of disablement.
- **CLAIM** – Workers must serve written claim on the employer, in person or by registered or certified mail, within 200 days of the accident or last paid compensation. Workers with an occupational disease must serve claim within one year from date of disablement. Right to compensation may be forfeited if claim is not served within these time frames.
- **TREATMENT** – The employer must furnish medical treatment to cure and relieve the effects of the injury. The employee has the right to \$500 of unauthorized medical expense.
- **FOR INFORMATION – write:**

DIVISION OF WORKERS COMPENSATION
KS DEPT OF LABOR
800 SW JACKSON ST STE 600
TOPEKA KS 66612-1227

or call:	** General Information	785-296-2996
	** Coverage & Compliance	785-296-6767
	Director's Office	785-296-4000
	** Fraud & Abuse Investigation	785-296-6392
	** Mediation	785-296-0848
	Medical Services	785-296-0846
	** Ombudsman/Claims Advisory	785-296-2996
	Rehabilitation	785-296-2996
	Technology & Statistics	785-296-4120
	Workers Compensation Board	785-296-8484
	Web site	www.dol.ks.gov

NOTE: Sections with (*) available nationwide 800-332-0353**

TABLE OF MAXIMUM BENEFITS - Effective July 1, 2005
Kansas Workers Compensation Law

Medical mileage for more than 5 miles – Call 1-800-332-0353

Maximum benefits where functional impairment only is awarded is restricted to \$50,000.

	Maximum weeks that may be paid	Compensation at \$467 per week
Shoulder	225	\$100,000
Arm	210	\$98,070
Forearm	200	\$93,400
Hand	150	\$70,050
Leg	200	\$93,400
Lower leg	190	\$88,730
Foot	125	\$58,375
Eye	120	\$56,040
Hearing, both ears	110	\$51,370
Hearing, one ear	30	\$14,010
Thumb	60	\$28,020
Finger 1st (index)	37	\$17,279
Finger 2nd (middle)	30	\$14,010
Finger 3rd (ring)	20	\$9,340
Finger 4th (little)	15	\$7,005
Great toe	30	\$14,010
Great toe, end joint	15	\$7,005
Each other toe	10	\$4,670
Each other toe, end joint only	5	\$2,335

Allowance of 10% and not over 15 weeks for healing period following an amputation.